



SUMMARY REPORT ON THE IMMUNIZATION STATUS OF KINDERGARTEN STUDENTS ENROLLED IN SCHOOL

State Form 48973 (R9/5-06)
IC 20-8.1-7-11

SCHOOL YEAR _____

Name of School Corporation		CODES	
Name of School		County #	
Address of School		Corporation #	
City	County	School #	
Zip Code	School Telephone No.		

K

Each school that has their own school number listed in the Indiana School Directory, published by the Department of Education, must submit a **separate** report. The answer for each box below must be a number (**No Check Marks, etc.**)

ENTER IN BOX THE NUMBER OF KINDERGARTEN STUDENTS IN YOUR SCHOOL:

A.

NUMBER OF STUDENTS FROM BOX "A" ABOVE HAVING COMPLETED IMMUNIZATIONS:

B.

See the work sheet for the minimum complete immunizations.
Students listed in this category need no further follow-up.

EXEMPTIONS:

NUMBER OF STUDENTS FROM BOX "A" ABOVE WHO HAVE A MEDICAL CONTRAINDICATION
ON FILE:

C.

A physician's signed statement, verified annually and kept in your school immunization records, is required.

NUMBER OF STUDENTS FROM BOX "A" ABOVE WHO HAVE A RELIGIOUS OBJECTION
ON FILE:

D.

A statement, signed and verified annually by a parent/guardian stating the objection, must be on file in your school immunization records.

NUMBER OF STUDENTS FROM BOX "A" ABOVE NOT COMPLETE AND HAVING NO
EXEMPTION ON FILE:

E.

If there is a number (other than 0) in Box "E" then Boxes "F" thru "N" must be completed.
Total Students that fall into these categories (Not Doses):

REASONS	Record not on file	Need DTaP/DT/Td	Need Polio	Need Hepatitis B	Need 1 st Measles	Need 2 nd Measles	Need Rubella	Need Mumps	Need Varicella
	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)

Return this form to:
Indiana State Department of Health
Immunization Program, 6A
2 North Meridian Street
Indianapolis, IN 46204-3003

Signatures: _____
Superintendent

Prepared By _____